

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-041725

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

10119

STATE FILE NUMBER

FILED OCT 17 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR TOWN ST. LOUIS, MO

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION

ST. LOUIS CITY MOSP

Inside Limits Yes ☐ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

c. CITY

OR TOWN St Louis

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

Ja 3001 J Caroline 9 Terry

Reside on Farm

Yes ☐ No ☐

## 3. NAME OF DECEASED

(Type or print)

First WILLIAM

Middle

Last LEWIS

## 4. DATE OF DEATH

Month

Day

Year

OCT. 8, 1963

## 5. SEX

M

## 6. COLOR OR RACE

Negro

## 7. Married ☐ Never Married ☐

Widowed ☐ 9 Divorced ☐

## 8. DATE OF BIRTH

2/20/92

## 9. AGE (last birthday)

71

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Building Trade

## 10b. KIND OF BUSINESS OR INDUSTRY

None

## 11. BIRTHPLACE (City and state or country)

Maryland Height Mo U.S. A

## 12. CITIZEN OF WHAT COUNTRY

## 13a. FATHER'S NAME

Jeff Ross

## 13b. MOTHER'S MAIDEN NAME

Sarah Taylor

## 14. NAME OF HUSBAND OR WIFE

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service) NO

## 16. SOCIAL SECURITY NO.

Janie James 5749 Terry

## Address

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

### PART I. DEATH WAS CAUSED BY:

#### IMMEDIATE CAUSE (a)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

#### DUE TO (b)

#### DUE TO (c)

Compensated Heart Failure  
Arteriosclerotic Heart Disease  
4200

## INTERVAL BETWEEN ONSET AND DEATH

### PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

### PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF INJURY

Hour a.m. p.m.

## Month, Day, Year

## 20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

## 21. I attended the deceased from

9/30/63

10/8/63

and last saw her alive on

10/8/63

Death occurred at

12:15p

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Richard L. Phillis M.D.

## 22b. ADDRESS

1515 LAFAYETTE AVE

## 22c. DATE SIGNED

10/8/63

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

## 23b. DATE

10/13/62

## 23c. NAME OF CEMETERY OR CREMATORY

Musick Baptist Church

## 23d. LOCATION (City, town, or county)

Maryland Height

## (State)

Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

Whitney Funeral Home 3882 Delmar

## 25. DATE RECD. BY LOCAL REG.

OCT 11 1963

## 26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

PHILLIS  
USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*F. A. Green*

Licensed Embalmer No. \_\_\_\_\_

*2963*

P. O. Address \_\_\_\_\_

*4214 Debnor*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

EMBALMER